

Remarks

In the Office Action, claims 14-24 were rejected under 35 U.S.C. §102(b) as being anticipated by U.S. Patent No. 5,777,719 to Williams et al. In addition, claims 14-28 were rejected under 35 U.S.C. §102(e) as being anticipated by U.S. Patent No. 7,130,835 to Cox et al.

In this response, claim 16 has been amended to correct a typographical error. Withdrawal of the rejections to claims 14-28 is respectfully requested.

Rejections based on Williams et al.:

Claims 14-24 were rejected under 35 U.S.C. §102(b) as being anticipated by Williams et al.

Williams et al. describes a method and apparatus for improving vision and the resolution of retinal images.

Independent claim 14 recites a method for controlling a device for an ablation of a part of a human eye using laser irradiation, the control being exercised using an electronic data processing system. The method includes the following steps:

determining optic and geometrical data of the eye; and
performing a graphic simulation of the ablation in the form of a graphic visualization.

Applicants respectfully submit that Williams et al. fails to describe at least the step of performing a graphic simulation of the ablation in the form of a graphic visualization. That step is described in Applicants' specification, for example, at paragraph [0006]. The Williams et al. method merely providing retinal images of the eyes or improving visual performance. While there is a description in Williams et al. that the correction signal can be used, alternatively, for a surgical procedure generally (reference 152 in Figs. 1 and 2), there is no discussion of an ablation of the eye nor for providing a graphic simulation of such an ablation as recited in claim 14.

Withdrawal of the rejection to claims 14-24 under 35 U.S.C. § 102(b) is respectfully requested.

Rejections based on Williams et al.:

Claims 14-28 were rejected under 35 U.S.C. §102(e) as being anticipated by Cox et al.

Cox et al. describes a system and method for predictive ophthalmic correction. Cox et al. teaches using a statistical analysis of historical therapeutic outcome information together with new information.

Independent claim 14, as described above, recites a method for controlling a device for an ablation of part of a human eye that includes at least the step of performing a graphic simulation of the ablation in the form of a graphic visualization.

Independent claim 25 recites a device for treating a human eye using laser irradiation, that includes, among other features,

- an overlaying apparatus configured to provide a point-accurate, centred overlaying of the aberrometry, topography, and pachymetry; and
- an electronic data-processing apparatus configured to link the aberrometry, topography, pachymetry and further patient data to ablation values using a processing model.

Applicants respectfully submit that Cox et al. fails to describe at least theses to features recited in claim 25 and fails to describe the step of performing a graphic simulation of an eye ablation in the form of a graphic visualization as recited in claim 14. Instead, Cox et al. teaches the use of statistical analysis of historical date for optimizing a proposed therapy. There is no suggestion in Cox et al. of an apparatus configured to provide any overlaying of aberrometry, topography, and pachymetry of the patient's eye and there is furthermore no suggestion of a data-processing apparatus configured to link these values to ablation values as recited in claim 25. Nor has the Examiner asserted that any of these specific features are described in Cox et al. and has not pointed out where these specific features are found in Cox et al. other than a general reference to Figs. 1-4 of Cox et al. Figs 1-4 make no reference to any graphic visualization, or any overlaying or any linking with ablation values.

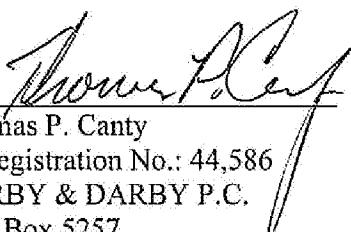
Withdrawal of the rejection to claims 14-28 under 35 U.S.C. §102(e) are respectfully requested.

CONCLUSION

In view of the above remarks, applicant believes the pending application is in condition for allowance.

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Respectfully submitted,

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